



3/9/06

(Date of Deposit)

Atty. Dkt. No. 025948-0158

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the
United States Postal Service's "Express Mail Post Office To

Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Carolyn Simpson

(Printed Name

EV 625664210 US

(Express Mail Label Number)

E UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:

Frank M. Keese et al.

Title:

BELTS WITH INTEGRAL

FLIGHTS FOR USE IN HIGH-

TEMPERATURE FOOD PROCESSING EQUIPMENT

AND SYSTEMS INCLUDING

SUCH BELTS

Appl. No.:

10/796,534

Filing Date:

03/09/2004

Examiner:

Loney, Donald J.

Art Unit:

1772

AMENDMENT TRANSMITTAL

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment with Attachments 1-8 in the above-identified application.

[X] The fee required for additional claims is calculated below:

	Claims			Extra					
*	As		Previously		Claims				Additional
	Amended		Paid For		Present		Rate		Claims Fee
Total Claims:	63	-	48	=	15	Х	\$50.00	=	\$750.00
Independent Claims:	7	-	6	==	1	x	\$200.00	=	\$200.00
First p	resentation o	of an	ıy Multiple I	Depen	dent Claims:	+	\$360.00	=	\$0.00
					CLAIMS	FEE	TOTAL	= -	\$950.00

[Applicant hereby petitions for an extension of time under 3'	7 C.F.R. §1.136(a	i) for the		
	total number of months checked below:				
[] Extension for response filed within the first month:	\$120.00	\$0.00		
[] Extension for response filed within the second month:	\$450.00	\$0.00		
[] Extension for response filed within the third month:	\$1,020.00	\$0.00		
[] Extension for response filed within the fourth month:	\$1,590.00	\$0.00		
[] Extension for response filed within the fifth month:	\$2,160.00	\$0.00		
	EE TOTAL:	\$0.00			
[] Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$130.00	\$0.00		
	CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:				
[[] Small Entity Fees Apply (subtract ½ of above):				
	Т	OTAL FEE:	\$950.00		

A credit card payment form in the amount of \$950.00 is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

3/9/06

FOLEY & LARDNER LLP

Customer Number: 26371

Telephone:

(414) 297-5839

Facsimile:

(414) 297-4900

Marcus A. Burch Attorney for Applicant

Registration No. 52,673